

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No.

ICC Office Use Only

02-0635

Please provide the appropriate information in the () areas in the heading below.

(Applicant's Name)

Application for a certificate of
(local or interexchange) authority
to operate as a (reseller or facilities
based carrier) of telecommunications
services in (list specific area) in the
State of Illinois.

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER
(Use additional sheets as necessary.)

CHIEF CLERK'S OFFICE

AUG 15 3 58 PM '02

ILLINOIS
COMMERCE COMMISSION

GENERAL

1. Applicant's Name (including d/b/a, if any)

FEIN #

Robert C. Gonzales

Address: Street

426 S. Clark #343

City

Chicago, Illinois

State/Zip

60605

2. Authority Requested: (Mark all that apply) ☐ 13-403 Facilities Based Interexchange

X COPTS

☐ 13-404 Resale of Local and/or Interexchange

☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

N-A

☐ Part 710 Uniform System of Accounts for Telecommunications Carriers

☐ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits,
Termination of Service and Issuance of Telephone Directories for
Local Exchange Telecommunications Carriers in the State of Illinois

____ Section 735.180 Directories

____ Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Cook County (Chicago)

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application N-A
- b) consumer issues
- c) *customer complaint resolution*
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

7. Please check type of organization?

☒ Individual _____ Corporation
_____ Partnership _____ Date corporation was formed _____
_____ Other (Specify) _____ In what state? _____

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

N-A
9. List jurisdictions in which Applicant is offering service(s).

Cook County (Chicago)

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

_____ YES (Please provide details) X NO Never applied for a certificate

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

_____ YES X NO N-A

If YES, describe fully.

N-A

12. Has Applicant provided service under any other name?

YES ☒ NO

If YES, please list.

N-A

13. Will the Applicant keep its books and records in Illinois? ☒ YES ☐ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

15. List officers of Applicant.

Owner Operator

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ☐ YES ☒ NO

If YES, list entity.

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

These are payphones

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

I will contract with a repair company to make all repairs. I will provide # where the customer can call and make any complaints. I will respond to any complaint within 24 hours.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☐ YES ☐ NO

N-A

20. What telephone number(s) would a customer use to contact your company?

At the present no # is in place, but but once I am certifide I will provide a number.

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO *I will abide and be in compliance with all laws and regulation that apply to me*

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

see #21

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

N-A

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

I will own two payphones. I hope to get certifide so that I can contract with others to place these phones in facilities

If NO, which facility provider(s)'s services does the Applicant intend to use?

see #26

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

local and long distance payphone service

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules

governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? X YES NO

Robert C. Gonzalez
(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois
County of SANGAMON)ss

Robert C. Gonzales makes oath and says that he is Owner
(Insert here the name of affiant) (Insert the official title of the affiant)

of Robert C. Gonzales
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Robert C. Gonzales
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ MERI L SANDERS
(Title of person authorized to administer oaths)

in the State and County above named, this 15th day of August, 2002.

Meri L Sanders
(Signature of person authorized to administer oath)

